MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

"	Comity Buchanan			Registration District No.		<u> 19</u>	42476			
	Township.			Primary Registration District No.			Registered No.	ل	1280	
	City	t .Joseph	a (No	1317, No.	llth	4.551 4 - 1 - 1	St.			
2. FULL NAME Virginia C. Marie Smith										
(a) Residence, No. 1317 NO. 11 St., (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.										
	engin of residence in Cit	y or town where deal	in occurred	yrs. mos.	ds.	now long in U.S., it	ot foreign birth?	yrs.	mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH				
3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)					OF DEATH (MONTH, DA	AY AND YEAR) NOV	.29	1919 19	
Female White Single					17.	7	0			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					that I last saw h w alive on 19, to 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,					
										6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV, 27, 1919
7.	7. AGE YEARS MONTHS DAYS			If LESS than 1						
	0	0	2	ormin.	15	1 (Pres	27	lund	
8.	8. OCCUPATION OF DECEASED									
	(a) Trade, profession, or					Fe	(duration)	373	more 3 de	
(b) General nature of industry, business, or establishment in					CONTRIBU	TORY	will	zu	oron	
					(SECONDA)				_ 1	
which employed (ar employer)					·		(duration)	утѕ	mosds.	
C+ Teconia					18. WHERE	WAS DISEASE CONTRACTED	_			
9. BIRTHPLACE (CITY OR TOWN)					IF NO	T AT PLACE OF DEATHT			*********	
1					DID AN	OPERATION PRECEDE DEAT	THY. A.C.D. DATE O	F		
PARENTS	10. NAME OF FATHER Floyd V. Smith				Was the	ERE AN AUTOPSY?		2 N	······/)	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)				. WHAT T	EST CONFIRMED DIAGNOSE	" Cler	ni	ga /	
	(STATE OR COUNTRY) Centerville, Iowa.				(S	igned)	Wood	tral	ela M.D	
	12. MAIDEN NAME OF MOTHER Glennie M. Garner				Ole /	, 19/9 (Address)	PY	8/3	edg.	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)				State the Disease Causing Death, or in deaths from Violent Causing state (1) Means and Nature of Injury, and (2) whether Accelerate, Successed or					
	(STATE OR COUNTRY) Rea, Mo.					See roverse side for add		ACCIDENTA	I, SUICIOIL, OF	
14.	14. INFORMANT Floyd V. Sunth					OF BURIAL, CREMAT	ION, OR REMOVAL	DATE	OF BURIAL	
(Address) 1317 Ng.11th.St.					MELA	uburn Cene	atorv	Dec	.1. 19 19	
15.		10 CM	7 Fan	ates hox	20. UNDER			ADDR		
	FILED. 2 19		7	REGISTRAR	His	O. Side	ufadeu	215	No.10.	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, State occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write Nonc.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms) Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify ES ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ES probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.